Salt Lake City School District
Information Systems
Course Change/Credit Change Form

Current Course #: _____ Current Course Title: _____

Credit Type: _____

Describe what needs to be changed: _____

Use grid if changing title. Titles limited to 20 characters including spaces:

Current	**Change To**
Full Year Semester Active Not Active	Full Year Semester Activate Deactivate
Department _____	Department _____
Grade Level(s) _____	Grade Level(s) _____
Graduation Requirement: _____	Graduation Requirement: _____
	Effective for the school year: _____
	Year
USOE Course Number _____	USOE Course Number _____
CTE CIP Number _____	CTE CIP Number _____

Curriculum Specialist:

_____	_____	_____
Print Name	Signature	Date

Director, Career & Technical Education

_____	_____	_____
	Signature	Date

Executive Director, Teaching and Learning:

Tiffany Hall		
_____	_____	_____
	Signature	Date

Requested action reviewed and approved:

Sam Quantz		
_____	_____	_____
Director, Student Information	Signature	Date

Requested action completed:

Christy Rogers		
_____	_____	_____
Student Information Business Analyst	Signature	Date

Revised 03/21/2021